## 

| Fill in this information to identify  |  |  |                 |  |   |   |  |  |  |
|---|--|--|-----------------|--|---|---|--|--|--|
| Debtor 1 STEPHANIE JA   |  | Last Nome  |                 |  |   |   |  |  |  |
| Debtor 2<br>(Spouse, if fling) First Name   | Middle Name  | Last Name  |                 |  |   |   |  |  |  |
| United States Bankruptcy Court for the:   | _Eastern District of Pennsylv  | rania  |                 |  |   |   |  |  |  |
| Case number 18-13719  |  |  |                 |  | Check if th                                       | is is:  |  |  |  |
| (If known)  |  |  |                 |  | An ame  | ended filing  |  |  |  |
|   |  |  |                 |  |   | lement showing pos<br>as of the following   |  |  |  |
| Official Form 106I  |  |  |                 |  | MM / DD / YYYY                                    |   |  |  |  |
| Schedule I: You   | ir Income  |  |                 |  |   |   | 12/15  |  |  |
| Be as complete and accurate as possupplying correct information. If you figure separated and your spous separate sheet to this form. On the   | ou are married and not filin<br>ise is not filing with you, do<br>top of any additional page | g jointly, and yo<br>o not include int   | ur sp<br>orma   | ouse is li<br>tion abou  | ving with your spou                               | ou, include informati<br>ise. If more space is  | on about your spouse.<br>needed, attach a  |  |  |
| THE RESIDENCE OF THE PROPERTY | NEATHTH AND  | AF TABLE OF THE TO SHAME AND CONTRACT CONTRACTOR CONTRA |                 | the second secon | SCHWATTERINA ED delinekhandrara accom             | THE RESIDENCE OF THE PROPERTY | THE RESERVE THE PROPERTY OF TH |  |  |
| Fill in your employment information.  |  | Debtor 1   | mrooninit Azelo | CONTROL THE PETERS AND A SERVICE SERVICES  | 0.35(1136:08)25(00+135(10)0355 <b>)44</b> -06(00) | Debtor 2 or non-  | filing spouse  |  |  |
| If you have more than one job,<br>attach a separate page with<br>information about additional<br>employers.   | Employment status  | Employed  Not employ   | ed              |  |   | Employed<br>Not employed  |  |  |  |
| Include part-time, seasonal, or self-employed work.   |  | I I TO A TO IS I CO  | 0               | 1055   |   |   |  |  |  |
| Occupation may include student  | Occupation   | HEARING OFFICER CITY OF PHILADELPHIA   |                 |  | 1Λ  |   |  |  |  |
| or homemaker, if it applies.  | Employer's name  | CITY OF PHILADELPHIA   |                 |  | IA .  |   | 1  |  |  |
|   | Z.mpjoyer e mante  |  |                 |  |   |   |  |  |  |
|   | Employer's address   | FIRST JUDICIAL DISTRICT, HU Number Street CITY HALL, BROAD & MARKET  |                 |  |   | Number Street   |  |  |  |
|   |  |  |                 |  |   |   |  |  |  |
|   |  | Philadelphi  | a PA            | 19107  |   |   |  |  |  |
|   |  | City   | State           |  |   | City  | State ZIP Code   |  |  |
|   | How long employed there  | ?  |                 |  |   |   |  |  |  |
| Give Details About  | Monthly Income   |  |                 |  |   |   | :  |  |  |
| Estimate monthly income as of   |  | If you have noth   | ing to          | report for   | any line, wri                                     | te \$0 in the space. Inc  | clude your non-filing  |  |  |
| spouse unless you are separated.  If you or your non-filing spouse ha below. If you need more space, at   | ve more than one employer,   |  | rmatio          | on for all e   | employers fo                                      | r that person on the li   | nes  |  |  |
|   | ,  |  |                 | For  | Debtor 1  | For Debtor 2 or<br>non-filing spouse  | DESCRIPTION OF THE PROPERTY OF |  |  |
| List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.   |  |  |                 |  | 683,25  | \$  |  |  |  |
| 3. Estimate and list monthly overtime pay.  |  |  | 3;              | +\$  | 0.00  | <b></b> \$  |  |  |  |
| 4. Calculate gross income, Add line 2 + line 3.   |  |  | 4.              | \$_4,  | 683.25  | \$  |  |  |  |

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Debtor 1 STEPHANIE JAMES

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Case number (if known)

18-13719

| First Name Middle Name Last Name   |            | •        | ase number (mx |                                       |                |
|--|------------|----------|----------------|---------------------------------------|----------------|
|  |            | Fo       | r Debtor 1     | For Debtor 2 or non-filing spouse     |                |
| Copy line 4 here   | → 4,       | \$_      | 4,683.25       | \$                                    |                |
| 5. List all payroll deductions:  |            |          |                |                                       |                |
| 5a. Tax, Medicare, and Social Security deductions  | 5a.        | \$       | 1,258.92       | \$                                    |                |
| 5b. Mandatory contributions for retirement plans   | 5b.        | \$       | 147.05         | \$                                    |                |
| 5c. Voluntary contributions for retirement plans   |            | \$       | 0.00           | \$                                    |                |
| 5d. Required repayments of retirement fund loans   | 5c.<br>5d. |          | 0.00           | \$                                    |                |
| 5e. Insurance  | 5e.        | \$<br>\$ | 60.73          | \$                                    |                |
| 5f. Domestic support obligations   | 5f.        | s -      | 0,00           | \$                                    |                |
| •  |            | S        | 63.81          | \$                                    |                |
| 5g. Union dues 5h. Other deductions. Specify: Unemployment Compensation Ta   | 5g.        | -        | 2.82           |                                       |                |
| on. Other deductions. Specify:   | 5h.        | +8_      | 0.00           | _ + \$                                |                |
| Disability Insurance   | -          | \$_      | 143,26         | . S                                   |                |
| Medical Deduction  | -          | S_       | 57.68          | . <u> </u>                            |                |
| Wedical Deduction  | -          | Φ        |                | φ                                     |                |
| 6. Add the payroll deductions. Add lines $5a \div 5b + 5c + 5d + 5e + 5f + 5g + 5h$  | . 6.       | \$_      | 1,734.27       | \$                                    |                |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.         | \$_      | 2,948.99       |                                       |                |
|  |            |          |                |                                       |                |
| 8. List all other income regularly received:   |            |          |                |                                       |                |
| <ol> <li>Net income from rental property and from operating a business,<br/>profession, or farm</li> </ol>   |            |          |                |                                       |                |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a,        | \$_      | 0.00           | \$                                    |                |
| 8b. Interest and dividends   | 8b.        | s        | 0.00           | \$                                    |                |
| 8c. Family support payments that you, a non-filing spouse, or a depend   |            | Ψ        |                | Ψ                                     |                |
| regularly receive  |            |          |                |                                       |                |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c.        | \$       | 0.00           | \$                                    |                |
| 8d, Unemployment compensation  | 8d.        | \$_      | 0.00           | \$                                    |                |
| 8e. Social Security  | 8e.        | \$       | 0.00           | \$                                    |                |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assista that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: |            | ¢        | 0.00           | \$                                    |                |
|  | 8f.        | Ψ        |                | Ψ                                     |                |
| 8g. Pension or retirement income   | 8g.        | \$       | 0.00           | \$                                    |                |
| 8h. Other monthly income. Specify:   | 8h.        | + \$     | 0.00           | +\$                                   |                |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.   | 9.         | \$_      | 0.00           | \$                                    |                |
| 0. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.        | \$_      | 2,948.99       | <b>-</b> \$                           | \$ 2,948.99    |
| <ol> <li>State all other regular contributions to the expenses that you list in Sche<br/>Include contributions from an unmarried partner, members of your household,<br/>friends or relatives.</li> </ol>  |            |          | ents, your roo | ommates, and other                    |                |
| Do not include any amounts already included in lines 2-10 or amounts that are Specify:   | not av     | ailable  | e to pay expe  | nses listed in Schedule J.            | 0.00           |
| 2. Add the amount in the last column of line 10 to the amount in line 11. The  |            | io th-   | aomhiaed —     |                                       |                |
| 2. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain  |            |          |                | · · · · · · · · · · · · · · · · · · · | \$             |
| 13. Do you expect an increase or decrease within the year after you file this  | form?      |          |                |                                       | monthly income |
| V No. ☐ Yes. Explain:  |            |          | ·              |                                       |                |